

The Vision for the new Faculty of Biology, Medicine and Health

July 2016

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Why do we need to change?

- To create the best possible structure for the ongoing success of both the Faculty of Life Sciences and the Faculty of Medical and Human Sciences
 - Need emphasised by REF 2014
 - UoA 1 GPA 12, Research Power 11
 - UoA 5 GPA 21, Research Power 4
 - QR loss
- To promote better collaboration and integration of science in biology medicine and health to exploit our strengths not previously deployed optimally
- To develop a more translational approach to research from discovery to health care
- To support and help deliver the University's M2020 vision
 - world-class research
 - outstanding teaching, learning & student experience
 - commitment to social responsibility



FBMH academic structure

EDUCATION & PROFESSIONAL DEVELOPMENT ACADEMY

DOCTORAL ACADEMY

SCHOOL OF BIOLOGICAL SCIENCES

SCHOOL OF MEDICAL SCIENCES

SCHOOL OF HEALTH SCIENCES

STRATEGIC RESEARCH DOMAINS

- Cancer
- Cardiovascular, Metabolic & Nutritional Sciences
- Cellular & Developmental Systems
- Evolution, Systems & Genomics
- Infection, Immunity, Inflammation & Repair
- Neuroscience & Mental Health
- Platform Sciences & Technologies
- Population Health & Ecosystems

Division of
Cell Matrix Biology
& Regenerative Medicine

Division of
Evolution & Genomic Sciences

Division of
Infection, Immunity
& Respiratory Medicine

Division of
Molecular & Cellular Function

Division of
Musculoskeletal & Dermatological
Sciences

Division of
Neuroscience & Experimental
Psychology

Division of
Cardiovascular Sciences

Division of Dentistry

Division of
Developmental Biology
& Medicine

Division of
Diabetes, Endocrinology
& Gastroenterology

Division of Medical Education
(including CHSTM)

Division of
Molecular & Clinical Cancer
Sciences

Division of
Human Communication,
Development & Hearing

Division of Informatics,
Imaging & Data Sciences

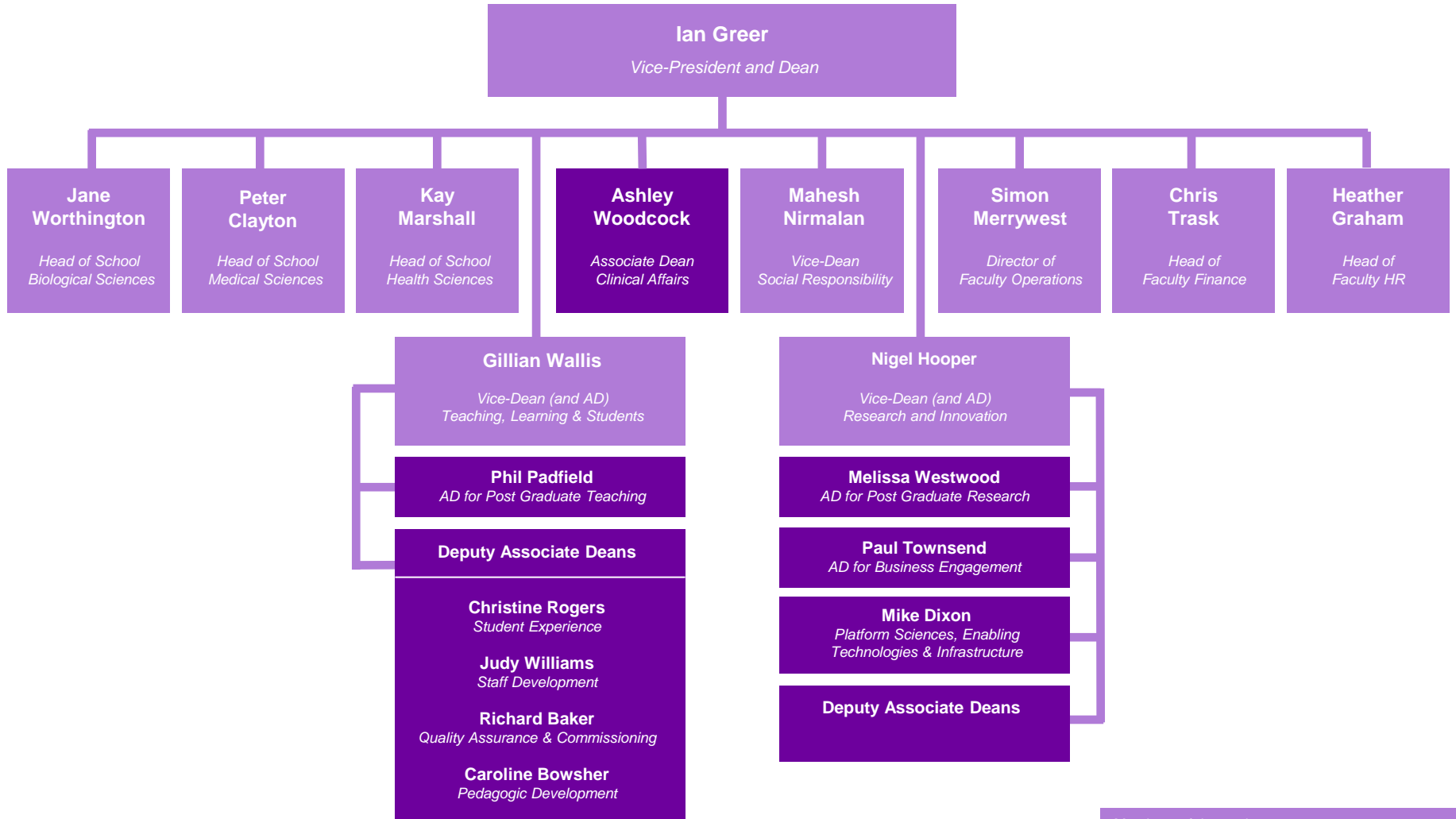
Division of
Nursing, Midwifery & Social Work

Division of
Pharmacy & Optometry

Division of Population Health,
Health Services Research
& Primary Care

Division of
Psychology & Mental Health

FBMH senior management team



Members of the senior management team

Associate Deans / Deputy Associate Deans (DADs)

Assigning individuals to the new Divisions

- 48 appeals considered by the Arbitration Panel
- Everyone’s new Division confirmed via email on 3 February
- Divisional membership lists published 4 February

The numbers Core academics by School and Division

SCHOOL OF BIOLOGICAL SCIENCES		273	SCHOOL OF MEDICAL SCIENCES		328	SCHOOL OF HEALTH SCIENCES		341
Division of Cell Matrix Biology & Regenerative Medicine	27	Division of Cardiovascular Sciences	35	Division of Human Communication, Development & Hearing	37			
Division of Evolution & Genomic Sciences	36	Division of Dentistry	96	Division of Informatics, Imaging & Data Sciences	27			
Division of Infection, Immunity & Respiratory Medicine	63	Division of Developmental Biology & Medicine	30	Division of Nursing, Midwifery & Social Work	109			
Division of Molecular & Cellular Function	43	Division of Diabetes, Endocrinology & Gastroenterology	28	Division of Pharmacy & Optometry	75			
Division of Musculoskeletal & Dermatological Sciences	39	Division of Medical Education (including CHSTM)	84	Division of Population Health, Health Services Research & Primary Care	43			
Division of Neuroscience & Experimental Psychology	65	Division of Molecular & Clinical Cancer Sciences	55	Division of Psychology & Mental Health	50			

Growing the best and brightest
The drivers of research excellence. Report for DBIS
2014. Word cloud of PVC responses



Growing the best and brightest

The drivers of research excellence Report for DBIS 2014

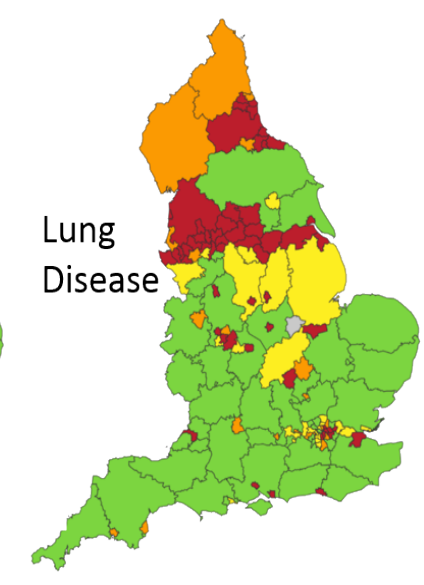
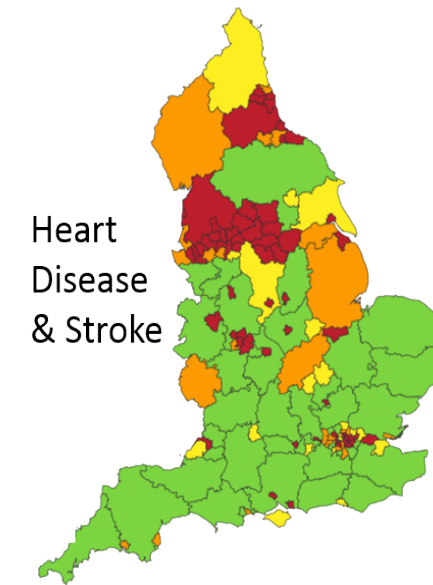
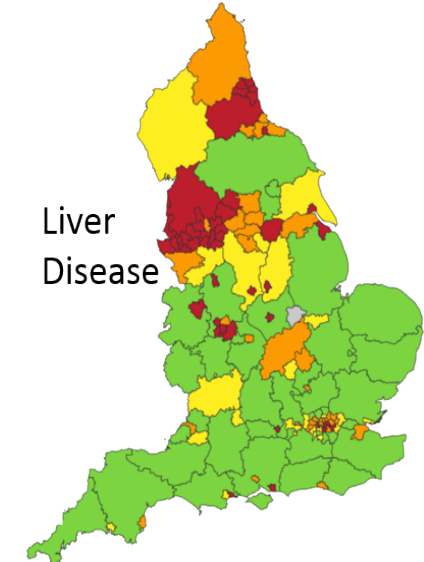
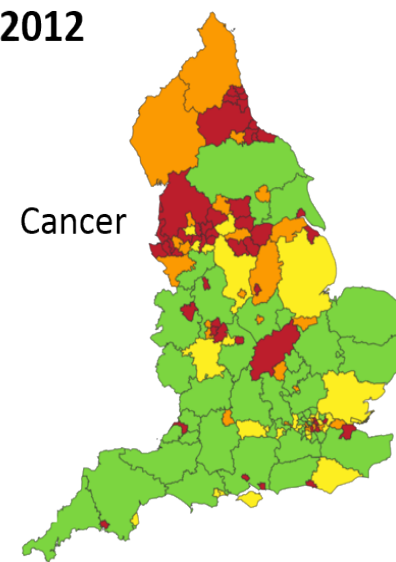
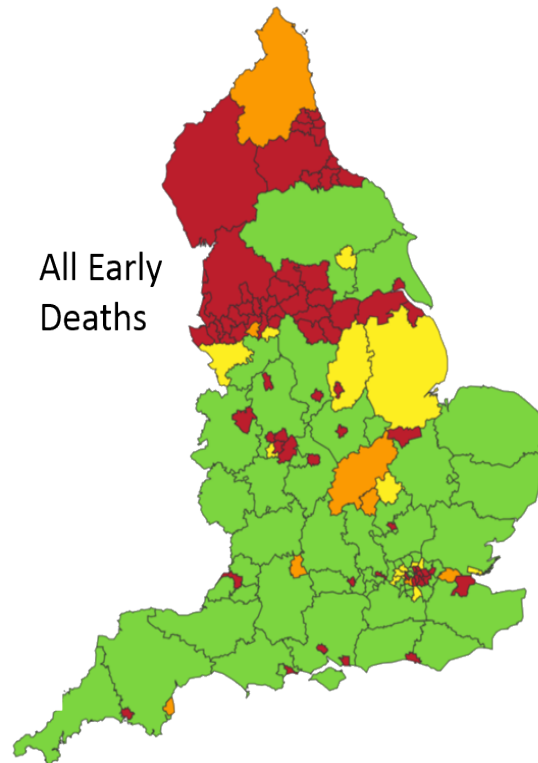
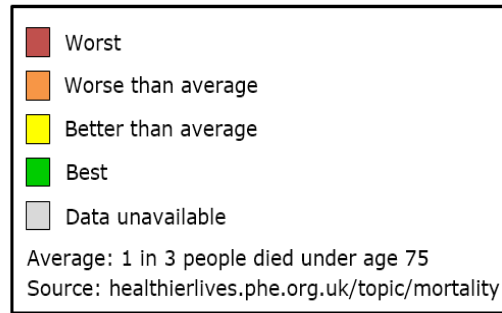
- *“the recruitment, development and motivation of researchers are critical drivers of research excellence;*
- collaboration, creating and implementing research strategies, securing a mix of funding and responding to competitive pressures important factors in success
- *“on-the-ground” or “day-to-day” initiatives by individual researchers are as important as the “high-level strategic” initiatives instigated by institutions.”*
- So.....
 - Involve people –engage & empower, participants not passengers
 - Listen – and demonstrate that leaders hear
 - Communicate, Communicate, Communicate

Vision and strategy

- FBMH Vision
 - *We empower people from diverse backgrounds to transform their ideas in biology, medicine, and health for the benefit of society in Manchester, the UK and across the globe.*
- Focus until now has been to create an operational faculty, with a vision and broad strategic goals
- So critical now to develop the scientific strategy
 - To promote better collaboration and integration of science in biology medicine and health
 - Top down or bottom up?
 - Context of Manchester and the North

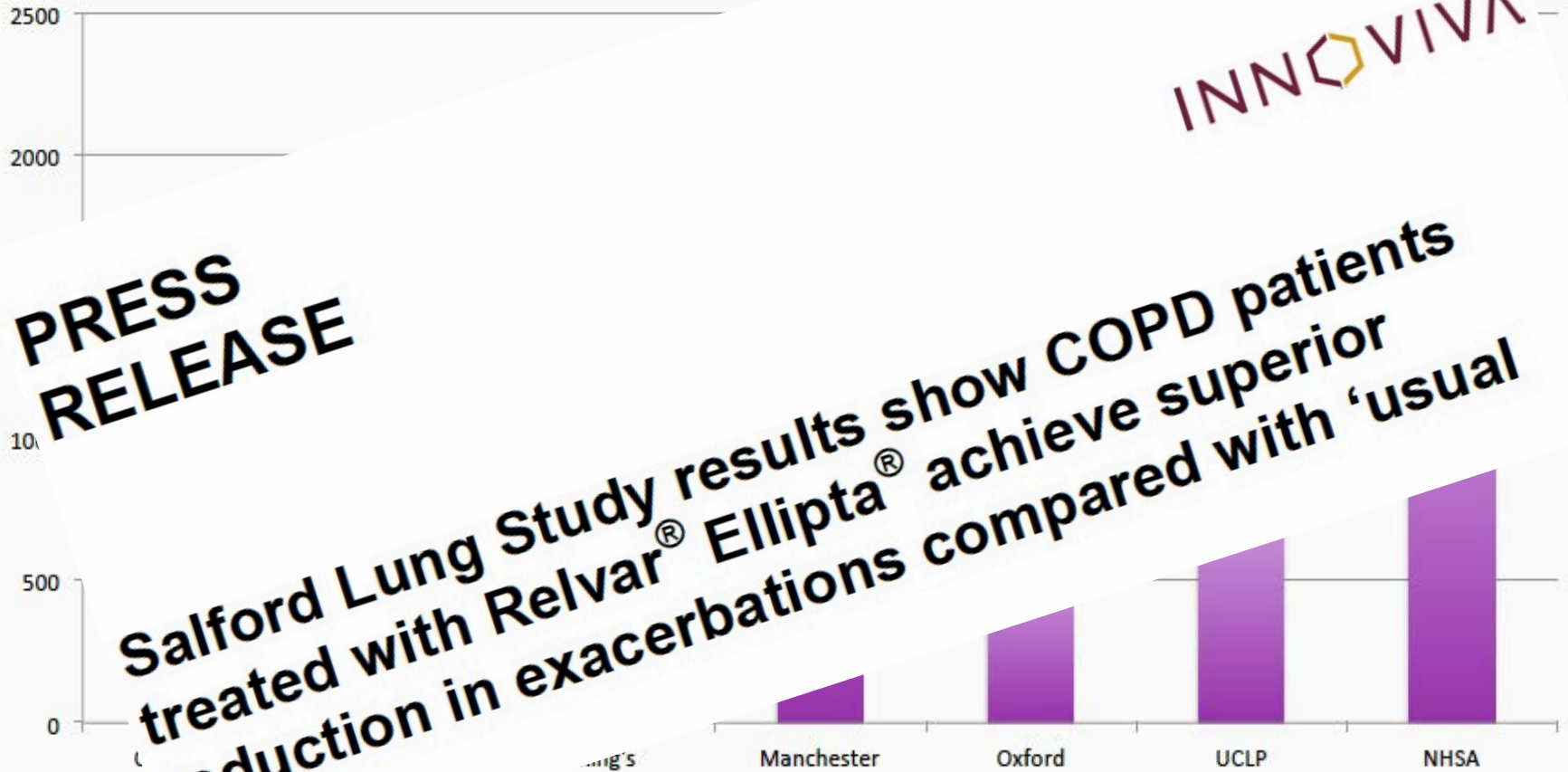
The context for FBMH: health inequalities

English Deaths Under Age 75 in 2012



Manchester: Strength in Clinical Trials

AHSCs and NHTA Recruitment to Commercial Trials
2015



**PRESS
RELEASE**

Salford Lung Study results show COPD patients treated with Relvar[®] Ellipta[®] achieve superior reduction in exacerbations compared with 'usual care'



The Northern Powerhouse already exists in health sciences, driven by Manchester

38,000



Highly skilled jobs in life sciences

1,000+



AstraZeneca /
MedImmune, BMS,
Eli Lilly, GSK,
Johnson & Johnson
/ DePuy, Merck,
Millipore,
Novartis / Chiron,
Sanofi-Aventis,
Thermo Fisher,

Life sciences & healthcare businesses

100,000



Students enrolled in life sciences programs

47%



UK exports of medicinal and pharmaceutical products

£10.8BN



Combined turnover of the 1000+ life sciences & healthcare businesses



Connected Health Cities: employing the UK's unique global advantage in health & social data to promote innovation and inward investment

- Health North's *Connected Health Cities* is a global first, a 'super-system' using NHS and social data, for health and economic gain
- These data, already collected from 15M Northern population, will be safely integrated and applied to patient care pathways, research and innovation
- ***Connected Health Cities*** will analyse these data at scale to
 - Drive public sector reform for better health and care
 - Deliver better NHS commissioning
 - Promote Public Health and local authority planning
 - Accelerate Research and innovation leveraging national investments and supporting precision medicine
- This unique integrated 'super-system' creates a magnet for business
- Empowers rapid translation – creating inward investment from the global trillion dollar digital health market.
- ***Connected Health Cities*** is scaleable - designed to roll out across the UK

Context for FBMH

Change and Opportunities

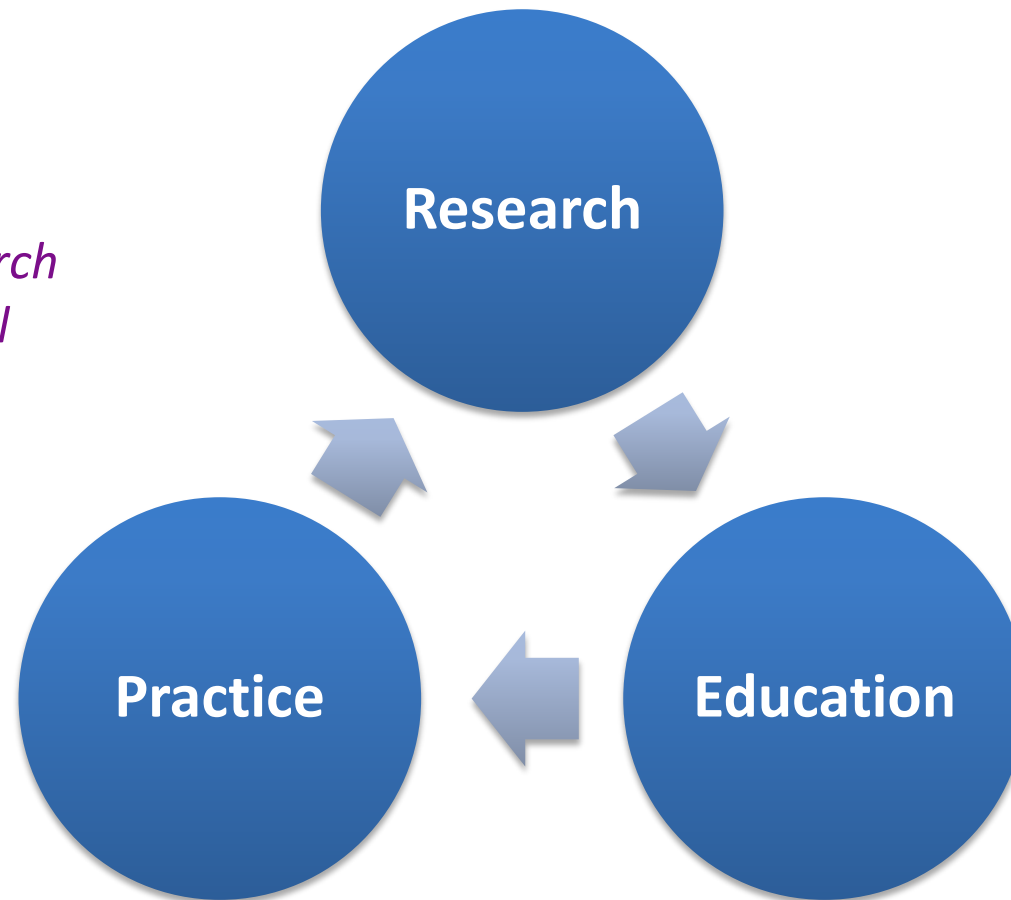
- Increased recognition that biomedical and health research requires critical mass and collaboration to be effective and internationally competitive
- Advances in biomedical science have created enormous potential
 - Greater understanding of disease
 - Precision medicine approach
- Interaction with environmental and social factors
 - Social determinants of health account for much avoidable mortality and incur huge costs to a health care system
- Health informatics can link health and social care data identifying phenotypes for targeted interventions
- But TRANSLATION of those advances into tangible health benefits has 'stalled' at two key steps where interfaces occur
 - Innovation and Diffusion
- 15-20 years for innovation to be in routine NHS Practice
- An opportunity for FBMH as research and innovation must link to integrated service delivery in the NHS with the unique opportunity of Devolution

Integration of Research, Education and Practice

Excellence in Health & Life Sciences

“In the teaching hospitals care of patients and furtherance of teaching and research would receive equal emphasis”

Goodenough 1944



“In the teaching hospitals care of patients and furtherance of teaching and research would receive equal emphasis”

Goodenough 1944

Integration of Research, Education and Practice Excellence in Health & Life Sciences

JULY 22, 1944

THE TRAINING

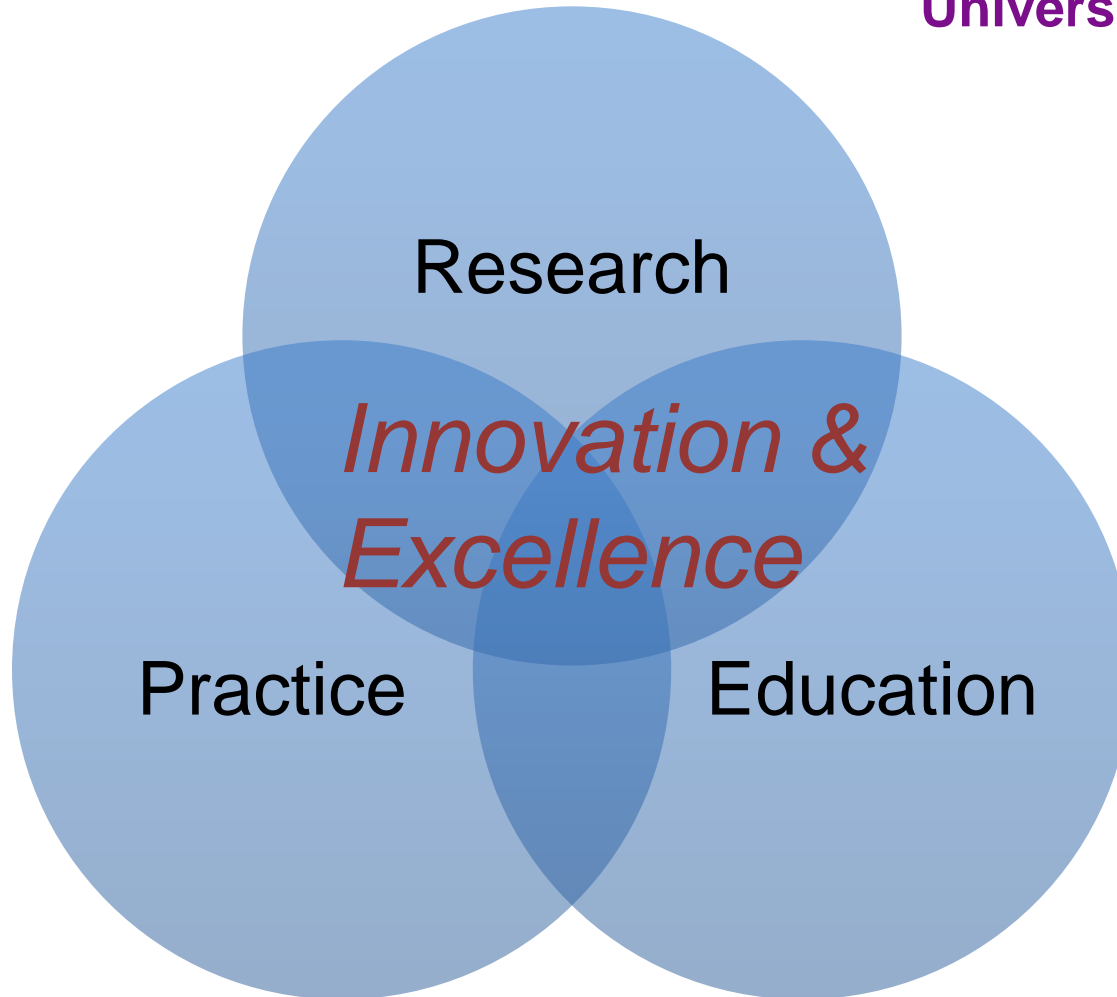
THE TRAINING OF DOCTORS

REPORT BY THE GOODENOUGH COMMITTEE

The report of the Interdepartmental Committee on Medical Schools, under the chairmanship of Sir William Goodenough, has been published this week by the Ministry of Health and the Department of Health for Scotland.¹ The report is unanimous. It is signed by the chairman, by Sir John Stopford (vice-chairman), Prof. T. R. Elliott, Dr. A. M. H. Gray, Prof. James Hendry, Prof. A. V. Hill, Sir Wilson Jameson, Prof. J. R. Learmonth, Sir Ernest Pooley, and Dr. Janet Vaughan. Fundamental changes in the training of doctors to meet the requirements of a comprehensive National Health Service underlie the committee's recommendations, which are the outcome of a review, occupying two years, of the organization of medical education. The main proposals are briefly summarized below.

Integration of Research, Education and Practice

Requires Integration of approach from Industry,
Universities and NHS



Integration of Research, Education and Practice

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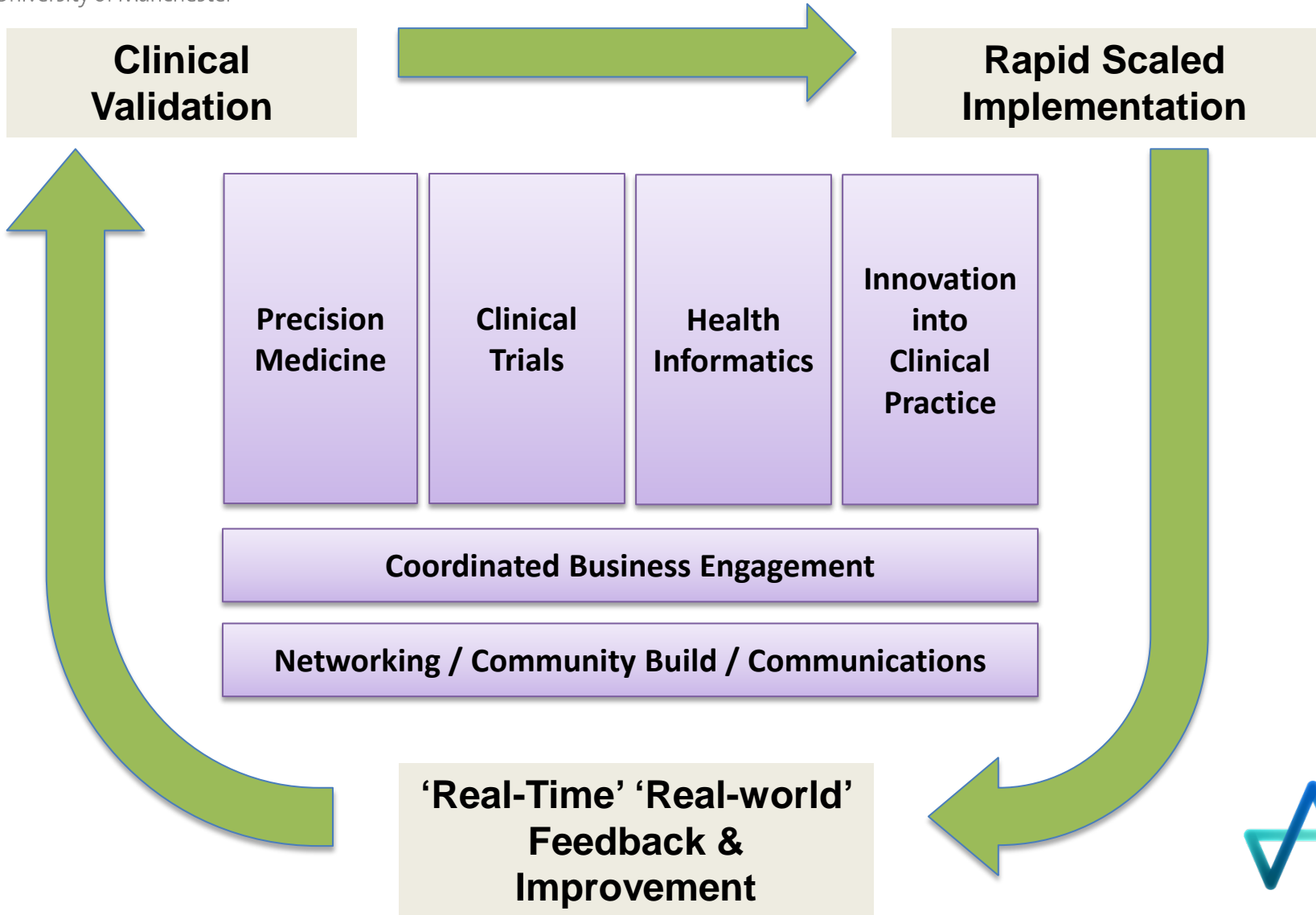
Health
Innovation
Manchester

Health Innovation Manchester

Putting research & innovation at the heart of a
devolved health & social care system

Initial System Priorities for Health Innovation Manchester

Discovering. Developing. Delivering.



- FBMH has
 - strength and scale in research and education
 - unique position with Devo and the strengths and challenges of the North
- Exciting opportunity for FBMH to *empower people from diverse backgrounds to transform their ideas in biology, medicine, and health for the benefit of society in Manchester, the UK and across the globe.*





The University of Manchester

Questions

